

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,089

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	3		/			
5	3		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	/		/			
11	/		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	/		/			
17	/		/			
18	1		1			
19	/		/			
20	0		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	/		/			
27	/		/			
28	2		/			
29	1		/			
30	0		/			
31	0		/			
32	0		/			
33	/		/			
34	0		/			
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47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	34	←	29	←		
TOTAL CLAIMS	40		35			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						